

**Tickets Provided by  
Agency Report**

**A Public Document**

TICKETS PROVIDED BY  
AGENCY REPORT

**1. Agency Name**

Date Stamp

**California  
Form 802**  
For Official Use Only

City of Fresno

Division, Department, or Region (if applicable)

Facilities & Major Projects Division

Street Address

2101 G Street, Bldg. A, Fresno, CA 93706

Area Code/Phone Number

559-621-1478

E-mail

facilitiesmgmt@fresno.gov

Agency Contact (name and title)

Melodee Schwamb, Management Analyst III

☐ Amendment (Must explain in Part 5.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 8 / 14 / 10

Description of Event: Fresno Grizzlies Baseball Skybox Tickets

Face Value of Ticket: \$ 376.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Fresno Baseball, LLC

Number of Tickets Received: 12

Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Borgeas, Andreas	12	To distribute according to section 18944.1

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Councilmember Andreas Borgeas, District 2

Name of Individual or Organization: North Fresno Lions Club

Number of Tickets: 12

Description of Organization: Community Service Organization

Address of Organization: 4178 W. Kelly, Fresno, CA 93722

Number and Street

City

State

Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Promotion of community programs & resources available to City residents, including non-profits & youth programs.

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Melodee Schwamb

Management Analyst III

4/15/2010

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)